MIECHV Program Monthly Report

Contract Number:	Date of Report Submitted:	Dates of Report:		
		From:	**To:**	
Contractor Name:				
Contact Name:				
Contact E-mail:				
Contact Phone:				

Part 1: Home Visiting Service Delivery:

Instructions: Information to complete *Table 1: Monthly Service Delivery* can be extracted from the ETO Data system utilizing the reporting function in the MIECHV Data System. Counts detailing the monthly service delivery data should be provided for both counties. Counts in the Total Columns (Columns E and F) should equal the sum of Columns B and D and Columns C and E, respectively.

Table 1: Monthly Service Delivery

Column A	Column B	Column C	Column D	Column E	Column F	Column G
	Kootenai / Twin Falls		Shoshone / Jerome		Total	
Service Delivery Details:	**Month**	**YTD**	**Month**	**YTD**	**Month**	**YTD**
Enrollees (total)						
New enrollees						
New referrals into program						
Number on waitlist						
Exits						
Home visits completed						
Home visits attempted but not completed						
Average length of home visits						
Average mileage per home visit						

Part 2: Home Visiting Personnel

Instructions: Complete *Table 2: Home Visiting Personnel* by inserting information on new staff hired within the past month doing work associated with the MIECHV contract. If not applicable, please write *NA*.

Table 2: Home Visiting Personnel

Position	Name	Position Title	FTE	Hire Date

8-14-12

Part 3: Implementation Narrative

Reflecting over the reporting period, please include a brief description for each of the following:

1. Program activities and accomplishments (required)
Please describe activities and accomplishments which may include participant or staff successes, trainings attended, community outreach, program strengths, and anecdotal comments from participants or community partners.

2. Program barriers or challenges (required)
Please describe any major barriers or challenges to program implementation, participant access, and community partnerships that occurred during the reporting period.

3. Community collaboration and other information (optional)
Please provide any information that might provide a more complete picture of the importance and challenges of building a home visiting program in your community. This may include new community resources identified, trends in the nature of referrals to community services, and/or trends you are experiencing regarding referrals to your program.